

NIH Computer Support Coordinator Application

I would like to participate in the NIH Computer Support Coordinator program.

NAME:

ICD:

ADDRESS:

PHONE:

EMAIL ADDRESS:

What organizational units within your ICD do you support?

About how many users do you support?

Do you support PCs, Macintoshes, or both?

How many hours per week do you estimate you spend supporting users?

What training would you like to receive?

CSC applicant's signature Date

If you require your supervisor's approval to participate in the CSC program, please ask them to sign below.

CSC supervisor's signature Date

Please fold and return to the address printed on the reverse side

DAN ZOLL
31/3B27